

Division of Motor Vehicles  
Attn: Kenneth Shock  
PO Box 698  
Dover, Delaware 19904



Phone (302) 857-5727  
Facsimile (302) 736-7993  
DMV-DefensiveDriving@state.de.us

## DEFENSIVE DRIVING COMPLAINT FORM

(Pursuant to 2 DE Admin. Code Reg. 2224, Section 7.0)

### Complainant/Filer Information:

PLEASE PRINT OR TYPE				
NAME:	(Last)	(First)		(MI)
ADDRESS:	(Street)	(City)	(State)	(Zip)
Daytime Phone #: (      )		Fax #: (      )		
E-mail Address:				
Before you file a Complaint with the Delaware Division of Motor Vehicles, you should first contact the Course Provider in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form and attach copies of any important papers that relate to your complaint. Defensive Driving Complaint Form may be submitted by fax, mail, or e-mail.				
(Course Provider)		(Name of Person You Spoke to)		
Date of Infraction:				
Facts of Complaint (If more space is needed please attached additional sheets to the Complaint):  _____ _____ _____ _____				
<b>I AUTHORIZE THE COURSE PROVIDER TO FURNISH TO THE DELAWARE DIVISION OF MOTOR VEHICLES ANY INFORMATION RELATED TO THIS MATTER. I AM ENCLOSING COPIES OF ANY CORRESPONDENCE OR OTHER PAPERS RELATING TO THIS MATTER WHICH I FEEL WOULD HELP WITH THE INVESTIGATION. I UNDERSTAND THAT A COPY OF THIS FORM AND ANY/OR ALL OF THE ENCLOSED INFORMATION MAY BE SENT TO THE COURSE PROVIDER.</b>				
<b><i>THIS FORM MUST BE SIGNED AND DATED.</i></b>				
<b>Signature</b> _____		<b>Date</b> _____		
<b><u>DMV USE ONLY:</u></b> Staff Assigned: _____ Date Received: _____ 15 Days: _____ Docket #: _____ Date Sent to Provider: _____ 20 Days: _____ Course Provider's Address: _____ _____				

**FAX OR EMAIL TO: 302-857-5727 or [DMV-DefensiveDriving@state.de.us](mailto:DMV-DefensiveDriving@state.de.us)**

Form Date: 3/11/2015